

value when 800 pages cost only £98? Despite such nagging doubts, for me this book proved an ideal travelling companion at 35 000 ft—compact, not too heavy, fits easily into hand luggage. Inevitably, not all the chapters were of equal interest and not all are equally well written.

Several chapters are written by basic scientists. This has both advantages and disadvantages. Dickenson on opioid poorly responsive pain will be much appreciated by clinicians, whereas Stevens on opioid tolerance after spinal administration in rodents is likely to remain unread. In contrast, both Portenoy on clinical aspects of opioid tolerance and O'Neill on the cognitive and psychomotor effects of opioids can be anticipated with pleasure.

The chapter on paraneoplastic syndromes is disappointing. Why no mention, for example, of demeclocycline for inappropriate secretion of ADH? In relation to paediatric palliative care, I would have welcomed a UK commentary on the chapter from the USA. How often do British paediatricians use 960 mg of IV morphine/hour to relieve cancer pain, and how often do they encounter morphine induced myoclonus?

Although the chapter on incident pain starts on a high and helpful note, it crash dives to confusion after the bizarre statement that antidepressants, anticonvulsants and corticosteroids are the classes of drugs commonly used to treat such pain. Possibly this represents a knight's move into management strategies for neuropathic pain. The chapter on emesis and anti-emesis would better be entitled a review of 5HT<sub>3</sub> antagonists. The final chapter on clinical audit adds nothing to other articles by the same author on the same subject. All in all, however, a good book which will help any doctor involved

in palliative care practice better evidence-based medicine.

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### Mothers, Babies and Disease in Later Life

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During the last 10 years, Professor David Barker and his colleagues in Southampton have taken a special interest in the origins of chronic disease in adult life. Their conclusion, that an important component of adult disease risk is determined *in utero*, with maternal nutrition playing an important role, is now widely known as the 'Barker hypothesis'. In this book, Professor Barker provides a highly readable personal account of his work, using a mixture of published and unpublished material to illustrate his case. The descriptions of the evidence presented, mostly based on historical cohort studies, are nicely balanced with a series of historical anecdotes which set the evidence in context. The book begins with a description of the ecological studies defining geographic associations between maternal and infant mortality and adult mortality many years later and then describes the relationships between birth weight, infant weight and adult heart disease mortality. The book goes on to consider the relationships between 'early life factors' and established cardiovascular risk factors both in childhood and adult life. A chapter is dedicated to the epidemiological and biological evidence for 'programming' (the process by which factors acting at a critical point early in life can have lasting effects on physiological function), which Barker has

placed at the centre of his thesis, and another addresses fetal malnutrition. Other sections emphasize the potential wider implications of the hypothesis, for respiratory disease and diseases with a potentially strong infective element, such as Paget's disease. The book concludes with a discussion of the way in which intrauterine factors may have affected mortality in the past and may do so in the future.

The book presents a strong, coherent and well referenced case in support of Professor Barker's views, which is accessible to the general reader. However, not all the evidence marshalled is equally compelling, and little of the case against the hypothesis is presented.

The relationships between birthweight, infant weight and adult cardiovascular mortality, on the one hand, and between birthweight, blood pressure and impaired glucose tolerance, on the other, are strong and reasonably consistent, at least within developed countries. However, the evidence that maternal nutrition affects cardiovascular risk in offspring remains weak and inconsistent to date. How the influence of 'programming' on the development of cardiovascular risk in humans is to be identified and separated from the effects on continuing environmental influences remains unclear. That said, Professor Barker's pursuit of the origins of chronic disease has invigorated the study of chronic disease epidemiology by focusing attention on the development of disease risk during the life-course. Others now have the responsibility to put the ideas advanced in this book to the test, and to assess their relevance for today's mothers and their infants.

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